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CASES OF OVARIOTOMY.

REPORTED BY G. L. COLLINS, M.D., OF PROVIDENCE, R. I.

[Read before the Rhode Island Medical Society, at the Semi-annual Meeting, Dec. 31st, 1864, and communicated for the Boston Medical and Surgical Journal.]

THE following cases of ovariectomy, with all of which I have been more or less associated, are reported by permission of the operating surgeon, Dr. Walter Burnham, of Lowell, Mass. They are the first and only cases in this State, so far as I know, in which the operation has been performed.

CASE I.—The first case was in the person of Mrs. W., aged 26 years, residing at No. 12 East St. The operation was performed on the 25th of March, 1862, at which date my connection with the case commenced. I was asked to assist at the operation and to take charge of the patient afterwards, which I did. Three physicians, whose names I do not now remember, accompanied Dr. Burnham from Lowell, and also assisted at the operation.

The lady was four years married—had not been pregnant. Menstruation commenced at about the age of 13, and was regular until the 17th year, when the periods began to be interrupted at times, and finally stopped entirely six months previous to the operation. The tumor commenced on the left side, five years before the removal, and one year before marriage. Its appearance was sudden, with considerable pain. The growth was irregular—sometimes rapid, and again slow. The general health had been good, but was much undermined by the disease. Emaciation was great, and the strength much exhausted. The abdomen was very large.

The patient was put under the influence of chloroform. The abdomen was opened from the pubis to the umbilicus. A large quantity of gelatinous fluid surrounded the tumor, distending the abdomen. The tumor was multilocular, some of the cysts containing several quarts of fluid; the whole mass was of the capacity of ten or twelve quarts. The tumor was pretty extensively adherent to the broad ligament. Five ligatures were used on the pedicle and the parts adjacent. They were all brought out at the lower point of

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the incision, which was closed by stitches and adhesive straps. The after-treatment consisted of perfect quiet, low diet, with a little morphine occasionally for a few days. She did well for the first week, when some febrile symptoms intervened, with a tendency to chill, which condition continued until about the end of the third week, when a copious discharge of pus took place, per vaginam, and all the unpleasant symptoms soon disappeared. The discharge of matter soon ceased, and she continued to do well. The first ligature came off at the end of three weeks, and the last at the end of eight weeks. She gradually regained her strength, and was able to ride out at the end of three months. Soon after, she left the city for a country residence, where she spent some time, coming back much improved in strength and flesh. Menstruation returned about three months after the operation, and has been perfectly regular since. She is now in good health.

CASE II.—The subject of this case was Mrs. C., residing at No. 108 Transit St. She was 48 years of age. Menstruation commenced about the 14th year. She was married at 26. She has had but one child, which was born seven years after marriage. From the birth of this child her menstruation was regular until three years ago, when it was interrupted for three months, after which it was irregular for a year and a half, when it stopped and did not again appear. She has always enjoyed fair health, though never strong.

I was called to see her on the 18th of July last. She had discovered enlargement of the abdomen since March, previous to which time—for nearly six months—she had felt pains and discomfort about the pelvic organs, particularly in sitting. On examination, I discovered the existence of ovarian tumors. They increased very rapidly from this time, with great pain, so that by the end of August she was as large as a woman at full term. Knowing of the previous successful case of Mrs. W., she was desirous of obtaining the advice of Dr. Burnham, who accordingly saw her about the first of September. After having the risks of the operation fully explained to her, she was desirous of taking the chance, rather than continue in the condition in which she then was.

The operation was accordingly performed on the 7th of September, in the presence of eight or ten medical gentlemen of this city, several of them assisting. Chloroform was used. The incision extended nearly from the umbilicus to the pubis. The case proved to be one of *double ovarian dropsy*, of the multilocular variety, and very favorable for the operation. No adhesions existed. But one ligature was used to each pedicle. They were brought out at the lower part of the wound, which was united and dressed as in the preceding case. Some vomiting occurred after the operation, as is not unusual. The subsequent treatment was simply rest, a little morphine for a few days, and injections to relieve the bowels. The urine passed without difficulty. No unpleasant symptoms occurred.

The wound healed by first intention. The pulse did not rise to 100 at any time. One of the ligatures came off on the twenty-eighth day, and the other on the sixty-fourth. She was able to walk about the room after the sixth week, and walked out of doors during the eleventh week. She is now quite well, but is still gaining in flesh and strength.

CASE III.—I class this case with those of ovariectomy, though differing entirely in its characteristics. The operation should more properly be called one of metrosteresis. Though the ovaries were both removed, they were not the seat of the disease. The uterus was the only organ affected, and the removal of this constituted the operation.

This patient—Mrs. C., of Richmond St.—was 45 years of age. She was married at the age of 23, and has been a widow nine years. Menstruation commenced at the age of 17, and has always been regular up to the time of the operation. She had never been pregnant. The general health had always been good. The tumor had been gradually developing for twelve years, giving her at times much pain and a great deal of inconvenience; so that she had fully resolved, several years before, to have it removed, let the hazard be what it might. She had applied, unsuccessfully, to several surgeons for its removal, and finally embraced the opportunity of Dr. Burnham's visit to this city, to apply to him. The tumor was uniformly round, or oval, lying in the centre of the abdomen, some eight inches in diameter, and evidently fibroid in its nature. It was clearly made out to be uterine, and the hazard of its removal was fully appreciated and clearly set before her. Her resolution did not, in the least, falter. When told that her chance for recovery was not better than one out of ten, she did not hesitate a moment to accept the chance, whatever it was. She was thoroughly bent on its removal, if she could get any one to undertake it; seeming, notwithstanding the discouraging view presented, to have a perfect faith that, some how, she was to escape. After a consultation with three medical gentlemen of this city, the question of operation was left for Dr. Burnham to decide for himself, with the assurance that, should he determine to operate, he should have our assistance. After considerable hesitation, he decided to give her the chances of an operation.

The operation was accordingly performed on the 9th of September. Nine or ten of the medical gentlemen of this city were present. Dr. N. Miller acted as the principal assistant in this case, and it has since been under his charge. Chloroform was used. The incision extended from the pubis to about two inches above the umbilicus. The tumor was found, as was supposed, to be uterine, and it was necessary to remove the whole of that organ, together with the ovaries and Fallopian tubes. It was liberally supplied with blood, and the separation had to be made with the greatest caution. The *ecra-*

seur was used to some extent, but most of the points where hæmorrhage was feared were secured by surrounding them with ligatures. Eight were used, the last of which was placed directly around the upper part of the vagina, when the final separation of the mass was made by cutting directly through the cervix of the womb, just above the point where the vagina is attached. The ligatures were all brought out, the wound dressed, and the patient treated as in the former cases. The tumor appeared to be a simple hypertrophy of the womb, affecting mostly the anterior portion. It would weigh, I should judge, from eight to ten pounds.

As I have only seen this patient occasionally during her convalescence, I can give but an imperfect account of her progress. It was necessary to use the catheter for some days. The febrile action was considerable. Diarrhœa occurred after some days, which occasioned much anxiety, and seemed to threaten an unfavorable result. The first ligature came away in three weeks. At the present writing—twelve weeks after the operation—three still remain.* She is now about the house, has a good appetite, and has just ridden out for the first time. Everything promises a favorable termination.

CASE IV.—This young lady, Miss B., 18 years of age, resided near Warren. She was a patient of Dr. Clarke, of Warren, who, with myself, were the only physicians present with Dr. Burnham at the operation. She had been a girl of delicate health. Menstruation had ceased for several months. The tumor had existed for about one year. It commenced upon the right side, and had been gradually enlarging. She had suffered a good deal from distension, and had been twice tapped—the first time about three months before the operation for removal, when about ten pounds of water were drawn off. The last time was but two weeks previous, when but a small quantity of bloody serum was evacuated. On the day of the operation she was found very pale, with but little appetite, her general health much broken, and a pulse small, weak and frequent. The tumor, surrounded by some water, filled the abdomen, appeared lobed, and gave an indistinct feeling of fluctuation. It was decided to attempt its removal, which was accordingly effected on the afternoon of Nov. 21st. Chloroform was used from preference, as in the other cases. A short incision was first made, just below the umbilicus, and carried through the wall of the abdomen, when a pint or more of bloody fluid was evacuated. On carrying the finger into the wound, a cavity was felt, bounded on all sides by fungous masses, giving the impression of a tumor adherent to the abdominal wall at all points. On detaching some portions of the soft masses, it was decided, at once, to be encephaloid disease, and the operation was about to be abandoned, when, on extending the incision a little farther towards the pubis, to give a more free exit

* These ligatures did not come away until about the last of March, 1865, nearly seven months after the operation.

to the fluid in the cavity, it was found that the first incision had only penetrated a sac in the tumor, situated at a point where adhesion had taken place, and that the examination had been confined to this instead of the exterior of the tumor. The exterior of the mass was now explored, when its removal was found practicable and determined upon. The incision was extended upwards and downwards, and the tumor brought out. It was adherent at three points, requiring ligatures, besides the pedicle, upon which two were placed. She lost rather more blood than usual in these operations.

The wound was dressed, as in the other cases, and she was placed in bed in as comfortable condition as they were after the operation. The tumor was the right ovary, and on examination it was found to be a solid mass of encephaloid disease, weighing nine pounds. It was lobulated, and had the appearance of having been originally a multilocular tumor. The microscope confirmed the correctness of the diagnosis as to the nature of the disease. Of course, recovery from the operation, under such circumstances, was hardly to be thought of. She, however, had a rather comfortable night, slept some, passed water several times, and when I saw her on the following day, at noon, her situation was not more unfavorable than was expected. Her countenance was very pale, and the pulse weaker and more frequent than before the operation. Later in the day she began to sink, and finally died at eleven o'clock in the evening, about thirty-two hours after the operation.

I have simply given hasty and very brief notes of these four cases, as I thought some record of them worthy of being preserved, particularly as they were pioneer cases in our State of this branch of surgery. I shall make but one or two remarks concerning them. The first two cases were well suited to the operation, and both did well. I think that in all such cases, where the disease is ovarian dropsy, whether the tumor is unilocular or multilocular, surgeons should not hesitate to perform the operation for extirpation. It is the only treatment that is certain to cure the disease, and without a cure life is scarcely desirable, however it may be prolonged. It is now well established that it is not more dangerous than most of the capital operations in surgery; and it is certain that it is not nearly as difficult to perform. I trust, therefore, that the day is not far distant when it will take its place as one of the established and legitimate operations of surgery.

In the third case the operation, though successful, is not one to be recommended. The risks are too great to be incurred in such a disease. I believe that out of a large number of similar cases, it would be found that the average life would not be prolonged, but rather shortened by the operation.

In the fourth case, if the nature of the disease could have been known, the operation would not have been undertaken. From the

history of the case, and the physical examination, there was every reason to expect a benign disease. Of course, from the character of the tumor, life could not have been much prolonged if the removal had not been attempted. Life was, however, probably shortened by the operation. The history of the case may serve as a guide to others under like circumstances.

Since writing the above, I have received a letter from Dr. Burnham, in which he informs me that he has operated seventy-nine times in all, for the removal of these tumors, most of them the encysted form of disease. He says, "I have declined, for a number of years, to operate on fibrous tumors, except in the case of Mrs. C. But, in my first operations, I attempted to remove these, but generally gave them up, after exploring the parts, as too dangerous to complete. I have, however, removed eight or ten, and all but two have been unsuccessful; yet three others have done well for the first week, and then have sunk and died, suddenly, without inflammation. The others have died from the effects of general shock to the nervous system.

"Most of the fatal cases which have occurred from the operation on encysted tumors, have been the result of inflammation, where there were extensive adhesions to the peritoneum and intestines. More than eighty per cent. of the operations, in this class of tumors, have been successful. In the fibrous class I have saved two out of ten cases, giving a success of only twenty per cent. I cannot now recommend the removal of fibrous enlargements of the uterus, and all the cases I have seen involve the uterus in their growth."

SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

REPORTED BY DAVID W. CHEEVER, M.D., ONE OF THE VISITING SURGEONS.

[Communicated for the Boston Medical and Surgical Journal.]

Third Paper.—TWO CASES OF LIGATURE OF THE LINGUAL ARTERY.

CASE I.—*Ligature of the Lingual Artery for Disease of the Tongue; Removal with the Ecraseur; Death.*—(Under the care of Dr. Cheever.) Daniel K., æt. 30, noticed, nine weeks ago, that his throat became sore; one week later, observed a small raised spot on back of tongue; it has been constantly increasing since. Cancer not hereditary in family. No known cause of disease. Now in a wretched constitutional condition; pulse feeble; breath offensive; much pain in swallowing; a flat, elongated swelling on back of tongue, about two inches square. No appearance of induration of glands or of throat. Is desirous of an operation before the tumor gets larger.

July 13th, 1864.—On examination, it was found that the tumor had largely increased in size within a week. The patient being etherized, a strong silk suture was passed through the tip of the

tongue and that organ drawn out of the mouth. The tumor now appeared to have an abrupt, well-defined margin. Before attempting its removal, it was thought prudent to tie the lingual artery on the affected side, both to diminish the chance of hæmorrhage, and to possibly delay the recurrence of the morbid growth. A semi-lunar incision, with the convexity downwards, was made from just below the angle of the jaw down to the level of the hyoid bone, and thence upwards towards the symphysis. The flap being dissected up and the sub-maxillary gland displaced, the artery was found and secured beneath the hyo-glossus muscle, and just above the greater cornu of the os hyoides. The spasmodic movements of the larynx impeded the operation somewhat. This wound was now closed by sutures. Next, the cheek was slit up from the commissure of the lips to the edge of the masseter muscle, and, the flaps being held open, the disease was well exposed. Three large curved needles were now passed beneath the tumor, and, after some difficulty, the ecraseur was slipped over them, and the included mass slowly removed. The section was quite soft, and there was no bleeding. The sides and base of the section presented a whitish, cheesy look, like encephaloid, and it was found impossible to make the needles or ecraseur hold fast enough in it to effect any further removal. It was also found that the disease had extended deep beneath the tongue, although of this there had been no previous manifestation. Under the microscope, the tumor exhibited many encephaloid cells, and no epithelial ones.

The patient survived about three weeks, when he sank and died from constitutional irritation and exhaustion.

CASE II.—*Ligature of the Lingual Artery for Wound of Tongue; Recovery.*—(Under the care of Dr. Cheever.)—Roger S., 8 years of age, was found by the roadside in South Boston, prostrate and bleeding from the mouth, about 10, P.M., April 15th, 1865. Being unable to speak, he could give no account of the accident, but was faint from profuse hæmorrhage from a wound of the tongue. For two hours ineffectual attempts were made to check the hæmorrhage, when he was brought to the hospital. At 1, A.M., I saw him, and on removing a large clot from the mouth, the wound was found to be a lacerated one, entirely through the tongue, and pretty well back on its left base. Bleeding continued freely. All attempts having been hitherto directed to check the hæmorrhage in the wound itself, it was judged that enough had been tried within the mouth. It was therefore determined to tie the lingual artery. After the administration of stimulants, ether being inadmissible, a curved incision, two inches long, was made over the left cornu of the hyoid bone. The artery was secured in the supra-hyoid triangle in the usual way. Next day there was a slight oozing of bloody serum from the mouth, but no free bleeding as before. In the afternoon, a little more serum, and the pulse had risen to 140. He was directed iced milk for nourishment, and cracked ice, if he desired it.

On the 17th, he was progressing well. No more bleeding.

On the 25th, the ligature had come way, and both the external wound and that of the tongue were healing well. No hæmorrhage since operation.

May 4th.—Three weeks after injury, he was discharged, well.

In these two cases of ligature of the lingual artery, a vessel which is rather seldom tied, it has not seemed to me that the difficulty arose from its anatomical position or relations. Its boundaries and "*points de ralliement*" are precise, clear and near together. The triangle "*mus-hyoidienne*," whose boundaries are the hypoglossal nerve, and the two tendons of the digastric muscle, is as neatly defined as one could wish. The delay or difficulty arises rather from these two other causes:—

1st, Because the injury, for which this artery has to be tied, occurs about the interior of the mouth and fauces, where etherization is not advisable.

2d, On account of the spasmodic action of the larynx in respiration, which, carrying the hyoid bone up and down with it, causes the same trouble in fixing the points of incision that we have in tracheotomy.

Yet, even with these drawbacks, the vessel may be safely reached with care and patience; and the consequences and subsequent risks of its ligature are so slight compared with larger vessels, that it seems unreasonable in surgical authors to stigmatize its ligature as a species of dissecting-room gymnastics, and to prefer tying the carotid for a hæmorrhage which the lingual may control.

We believe, moreover, that much of the delay from the movements of the larynx may be obviated by holding down the tendon of the digastricus with a hook, after it is exposed by the primary incision, and the raising of the submaxillary gland, as recommended by M. Guérin.

A WOUND OF THE SCLEROTIC, CLOSED BY SUTURES—FAVORABLE RESULT.

[Communicated for the Boston Medical and Surgical Journal.]

JOHN S. N., aged 21 years, a soda-water manufacturer, was struck on the eye by fragments of a soda-bottle, which had burst, inflicting a wound of the sclerotic at the margin of the cornea, about four lines in length, causing a prolapsus of iris (and perhaps of choroid), an unsightly coloboma resulting. I easily succeeded in reducing the prolapsus, although it remained but momentarily. Two sutures were then passed through the conjunctiva, near the margin of the wound, and gradually tightened as the prolapsus was reduced; they failed, however, in reducing the whole, so a suture was placed between the two already in. The sclerotic aspect of the wound afforded a suffi-

ciency of conjunctiva, but not so with the corneal, so the suture was passed through a portion of the sclerotic at its corneal junction, which closed the wound satisfactorily. The after-treatment consisted in the application of ice to the eye, atropine and leeches. In fifty hours the lateral sutures were removed, when the wound was found to be well adhered. On the next day, effort was made to remove the central suture, but as the wound showed signs of gaping if much interfered with, it was not removed until the following day, when the wound was found to be well united.

There was a little conjunctival injection, which disappeared in a few days. Patient sees as well, or nearly so, as with the other eye, which is normal.

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SINGULAR TUMOR IN A COW'S BLADDER.

[Communicated for the Boston Medical and Surgical Journal.]

A NEIGHBOR of mine relates the following remarkable freak of nature in one of the lower animals. One of his cows, he noticed, had been gradually losing her milk, and wasting away in flesh and strength for six or eight weeks. Her main difficulty seemed to be inability to urinate. She would place herself in position to accomplish that object, but only a drizzling of urine would come away, after long-continued straining. At length she became too weak to rise, and to end her misery he killed her. Anxious to know more of the cause of her suffering and emaciation, he examined the body after death, but found no important organ of the system diseased till he came to the bladder, which was greatly distended with urine. On opening it, he discovered a tumor, of nearly the size of the double fist, firmly attached to the walls of the bladder upon one side, covering an attaching space of nearly two inches in diameter, near the orifice of the urethra. That portion of the tumor facing inwards upon the bladder had the appearance of a full-blown rose in color and shape, and one of the petals, more pendulous than the rest, was turned partly over the urinary passage, shutting down upon it, probably, in each attempt to urinate, thus giving rise to the drizzling of the urine and to its almost complete retention. This surface was also nodulated, and some portions of it had the appearance of commencing suppuration. Upon cutting into the tumor, it was found to be hard and tough. The appearance of the urine was not particularly noticed.

Was this a cancerous growth? We read of polypous, fungous, steatomatous, erectile and other morbid growths in the human bladder. Occasionally, we find scirrhus and cancer in that organ. Which of these was it? Why may not the same diseases, in a more aggra-

vated form if possible—the same tumors, much larger in their dimensions—affect also the similar organ in the lower animal? In both, they are equally incurable. Death, sooner or later, will be the result.

L. C. BUTLER.

Essex, Vt., October, 1865.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Aug. 14th.—*Horse-railroad Accident; Amputation of the Thigh just above the Knee, in a Boy æt. 13; Tetanus; Death; Osteo-myelitis; Necrosis.*—Specimen showed and case reported by Dr. HODGES.

The injury affected in no appreciable manner either the soft parts or the bone above the tibia. The amputation (circular) was performed, under ether, at the Massachusetts General Hospital, July 23d, 1865, one hour after the accident, and the patient's condition both before, during, and subsequent to the operation, was as good as could be. The only noticeable incident in its performance was a hæmorrhage from the medulla, profuse, considering the source, and not easily controlled. It was finally arrested, after various means had failed, by a pledget of lint, held in place by a sponge and bandage. The central portion of the stump was consequently left open, though the sutures necessary to bring the flaps together were passed; this was done twelve hours afterwards, the sponge and lint being removed by ligatures attached to them at the time of their application. In all these manipulations the medulla was treated in the gentlest manner, and no styptics were used. Until the 26th there was a little delirium. Aug. 1st, all the ligatures had come away. The union having failed in the central part of the stump, the gaping edges were at this point separated by a globular, fungous growth, protruding from the medullary cavity of the bone, dark-red, firm in texture and smooth of surface, the size of a large crab-apple. By the aid of a director, this was broken off at its pedicle, which was tough, and continuous with the medulla. No hæmorrhage followed. The stump was otherwise in excellent condition, and the patient himself was so well as to be removed from a private room to the general ward. A microscopic examination of the removed mass showed it to be composed of a granular stroma, with some fine fibres, oil globules, and red and white blood-corpuscles, the latter in large numbers.

Aug. 5th, without any special assignable cause, trismus and stiff neck appeared, which, by the 7th, became a general tetanus, continuing until the 10th, when the patient died. Subcutaneous injections of morphine were the essential treatment of the disease, and afforded the greatest relief. The appetite, throughout the sickness, was pretty good, and broth, eggs, bread and milk, soft pudding, and milk-punch were freely taken. A generous diet had been allowed from the time of the operation. The pulse ranged from 120 to 136; the pupils were moderately dilated; the skin was moist and the urine natural up to

the day of death. The mind was unaffected, and the only complaint made was of pain in the throat and the lower part of the back, and of twitching of the stump. In the course of the disease there were several convulsions, and a violent one preceded the patient's death, leaving him in a state of collapse, which was followed by rapid sinking. The beating of the heart for a few hours previous to death was so violent as to suggest the existence of a spasmodic action of that organ.

At the autopsy, all the organs were found to be in a healthy condition. It was thought that, perhaps, the amount of the cerebro-spinal fluid was greater than natural. The spinal cord presented no gross morbid appearances. It was not examined microscopically.

The end of the amputated femur was removed. It was necrosed for four inches above the point of section, and encased in new bone, which had been thrown out to a remarkable extent from the entire surface of the shaft, especially about its extremity. This was easily detached, without revealing any trace of periosteum. The medulla throughout the whole length of the bone removed was of a dark-chocolate color, infiltrated with lymph, rendering it firm and resistant, so that it retained the shape of the medullary cavity, filling it tightly, as if swollen and enlarged. At the end of the bone it bulged out into a flattened button, partially re-producing the fungous growth which had been removed. There was no pus or suppuration at any point. The inflamed and living condition of the medulla was noticeable in connection with the fact that the shaft of the bone surrounding it was dead, and of course had ceased to have any vascular relation with it.

The flaps and the stump were in a perfectly granulating condition and nearly healed. There was no phlebitis, or any appearances at the autopsy suggestive of pyæmia.

The interesting features in this case were—I. The medullary hæmorrhage. II. The late period at which tetanus appeared (thirteen days after the accident), and the preservation of appetite and intellect during the somewhat long duration of the disease (five days). III. The great amount of new bone thrown out from the periosteum; the medullitis, unaccompanied by any symptoms during life, except the fungous outgrowth from the end of the bone, pointing to the local inflammation. IV. The illustration afforded by the necrosis of the femur of the method of formation and cause of the long sequestra frequently removed after amputations performed in the continuity of long bones.

The question may be put, whether the tetanus in the above case was due to the original injury, the operation, or the osteo-myelitis? The latter being a pathological condition of comparative recent investigation, and tetanus a disease of somewhat rare occurrence, their relation, if they have any, has not been determined. It may also be asked whether the inflammation of the medulla was caused by the primary injury, by the hæmorrhage, of which it was the source at the time of the amputation, or by the means used to arrest this. The particular form which the disease assumed in the present instance, is well described in a paper entitled "Remarks on the Pathological Anatomy of Osteo-myelitis, with Cases, by H. Allen, M.D., Assistant Surgeon U. S. A.," in the *American Journal of the Medical Sciences*, January, 1865.

Aug. 28th.—*Malignant Disease of the Bladder.* Dr. WHEELER reported the case.

The patient was a gentleman about 60 years old, very stout, weighing over 300 pounds. For about two months he had noticed that his urine was bloody, though voided without pain. Rest and astringents at first afforded some relief. He then began to have some pain in the glans penis. An examination by the rectum revealed an enlargement in the region of the bladder. The urine contained a suspicious-looking material, which, on microscopic examination by Dr. Shaw, was found to contain unmistakable cancer-cells. The pain gradually extended the whole length of the urethra, and also above the pubes, continuing after micturition. The patient lost flesh rapidly. Incontinence of urine followed, with failure of the appetite, increase of the pain, nausea and vomiting; and death took place about four months from the time Dr. Wheeler first saw the case.

At the autopsy, the bladder seemed to be distended to its utmost, as if containing a semi-fluid, and filled the cavity of the pelvis. The walls were still firm, and upon opening the bladder it was found to contain an enormous fungoid or villous growth, which seemed to spring from the sub-cellular tissue, and was attached to almost the entire mucous cavity. Its structure was delicate and vascular, and it had about the color and consistence of the pulp of a ripe water-melon.

All the other organs were healthy.

Aug. 28th.—*Partly-colored Hair.*—Dr. CHEEVER said that a healthy-looking, florid young woman, 18 or 20 years old, applied at the Dispensary, for some complaint, whose hair was white in patches, one or two inches in breadth, on the right side of her head. The rest of the hair was dark brown. The white hair did not cross the median line, but on the right side the white and dark hair were about equal in amount. The white hairs were stronger and coarser than the others, and resembled horse-hair. There was nothing abnormal in the eyebrows, and the irides were both alike, and blue. The affection was supposed to be congenital.

Aug. 28th.—*Lesion of Accommodation, following excessive Fatigue and Exposure.* Dr. BETHUNE reported the following case.

A young man, 20 years old, formerly in the army, after a severe march of several days, with short allowance of food, had an eruption (probably eczema) on the lower limbs. A week afterwards he noticed pain in the eyes, and the sight became blurred, after their use. The pain extended to the brows and the bridge of the nose. It was pretty constant, and continued at intervals to the time of consultation. He was ordered evaporating lotions, sinapisms, fresh air, moderate exercise, quinine and the application of leeches. He is now nearly well, but has occasionally some relapses, with a stuffed feeling in the nose. There was probably a low form of inflammation in the nasal and frontal sinuses, with which the lesion of accommodation was sympathetic. Whether with this there was any congestion of the internal tissues of the eye is uncertain, as it was not thought necessary to use the ophthalmoscope.

A NEW medical school is announced at Cairo, Ill., by Dr. Jos. N. M'Dowell, late of the Missouri Medical College, and Dr. C. W. Dunning, both of whom will be professors in the new school.

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 BOSTON: THURSDAY, OCTOBER 12, 1865.

AMERICAN ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.—We recently announced that a movement was on foot in this State for an organization designed for the discussion and scientific study of the great questions embraced under the comprehensive title of Social Science. The impulse came from a company of zealous philanthropists in this city, at whose suggestion a circular was issued by the Board of State Charities inviting those persons in the community likely to take an active interest in such an association, to attend a preliminary meeting early in October. This meeting was accordingly held on Wednesday, the 4th inst., and we are much gratified to report that it brought together many active and earnest minds, some of them from distant States, under whose auspices the association promises to become an active agent for the common good of the whole country.

As we remarked, in our former article, no profession as a body can take a greater interest in it than ours. Universally regarded, as it is, as the philanthropic profession *par excellence*, most of the subjects which it proposes to investigate come directly within the scope of its study and consideration. Education—its influence on the mental and physical development of our people—the limits and methods most advisable in its pursuit; the public health; social economy—a most crowded field in its intricate relations and puzzling questions for the most industrious labors of our profession; the relations of employers and employed, considered in reference to the amount of work to be required, the remuneration due for the kind of work, its healthfulness or unhealthfulness, the means of removing the causes of ill health obviously connected with certain employments—all of these, which come directly within the stated objects of this association, call at once upon the members of the medical profession for light and aid. At the first meeting of the association, as will be seen, an important communication was read upon a subject, perhaps the most vital at this moment which can come before it, namely, cholera, by the man of all others in our community most competent to speak wisely and authoritatively on the subject, Dr. Henry G. Clark. We can hardly expect to be spared the visitation of this destroyer, now for the third time approaching our shores. Let it not be said that we heeded not the voice of warning by neglecting to take the sanitary precautions so much needed, and so likely, with the blessing of Providence, to disarm it of so much of its terrors. The first meeting of the association was held in the Representatives' Hall, in the State House, on Wednesday, the 4th inst.

The assembly was called to order at 10 o'clock, by Rev. Dr. Chalmers, who stated the object of the meeting, which he said was to be preliminary in its nature.

His Excellency Governor Andrew was proposed as chairman of the meeting, and was unanimously elected by acclamation.

Frank P. Sanborn, of Concord, and Dr. J. C. White, of Boston, were chosen as secretaries.

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Governor Andrew was greeted with applause on taking the chair, and at his request Rev. Dr. Miles asked a blessing upon the deliberations of the assembly.

Governor Andrew then addressed the assembly, thanking them for the honor conferred upon him, and asking a general coöperation in the objects for which they were convened.

Secretary White then read a report of a committee previously appointed, setting forth the objects of the organization which it was intended should be formed. A similar association, it was stated, had existed in Great Britain for several years, and included many of the most eminent philanthropists and statisticians of that country. The basis recommended comprised four heads, viz.:—1. Education; 2. Public Health; 3. Social Economy, Trade and Finance; 4. Jurisprudence and the Amendment of the Laws. Among other special subjects named was the relation of employer and employees.

On motion of Rev. Mr. Barnard, of Boston, the report was laid upon the table temporarily.

On motion of Dr. Jarvis, of Dorchester, it was voted to proceed in the organization of an association on the basis of the report.

Secretary Sanborn then read a report of a committee, submitting a draft of a constitution.

The first section gave to the society the name of "The Association for Social Science."

Section 2 declared its object to be to aid in the development of social science, and to guide the public mind to the best practical means of promoting the amendment of laws, the advancement of education, the prevention and repression of crime, the reformation of criminals, the adoption of sanitary regulations, and the diffusion of sound principles on questions of economy, trade and finance, giving special attention to pauperism and the topics relating thereto.

Section 3 provided that the association should include four departments, viz.: Education; Health; Economy, Trade and Finance; Jurisprudence and the Amendment of Laws.

Section 4 provided for a president, five vice presidents, a recording secretary, a treasurer, and five directors, together constituting an executive committee—one vice president and one director to be assigned to each department, and with a special secretary for each, to constitute the executive committee for each department, the fifth director to act as librarian; these seventeen officers to be chosen annually on the second Wednesday of October.

Section 5 provided for holding the annual meeting in Boston, unless some other place should be specially designated; special meetings to be called at the discretion of the executive committee, at which special meetings no election of officers, laying assessments, or amending the constitution should be in order.

Sections 6 and 7 presented the method of conducting business at meetings of the association.

Section 8 admitted members on the payment of five dollars, and provided for an annual assessment not exceeding that sum; also gave the privilege of life membership to persons paying fifty dollars.

Section 9 provided for the election of honorary and corresponding members, to be admitted free, and not to exceed in number one fourth of the regular members.

Section 10 provided for the publication of the transactions of the association under the direction of the executive committee and the supervision of the secretaries.

Section 11 confined the privilege of voting to regular members, and prohibited persons not members from taking part in the discussions, except by special vote.

Section 12 promised coöperation with other associations of a similar character, formed in other parts of the country.

The report was accepted, and the constitution was taken up article by article.

Mrs. Caroline H. Dall objected to the title of the proposed association, as not being good English, and on her motion it was changed to "Association for the Promotion of Social Science." After some discussion as to whether it should be a State or national organization, it was voted that the word "American" be prefixed to the title already adopted.

The second section was adopted, with some technical amendments.

Mr. George B. Emerson moved to add "prevention of crime and reformation of offenders" to the objects named in the third section. The motion was opposed by Mrs. Dall of Boston and Hon. Amasa Walker of West Brookfield, who contended that these subjects were already sufficiently embraced in the instrument under consideration. Mr. Walker said that the special province of the association should be scientific, and not reformatory. Dr. Jarvis, of Dorchester, said the committee intended by their language to embrace the idea advocated by Mr. Emerson. That gentleman accordingly withdrew his motion, but it was renewed by Dr. Palmer, of Michigan, and was further discussed by Mrs. Dall, Dr. Jarvis, Dr. Hatch, of Meriden, Conn., Mr. Philbrick, of Boston, Rev. A. B. Muzzey, and Hon. J. A. Goodwin, of Lowell. The gentleman last named thought there was danger of getting too much into the constitution, from a common desire prevailing in such cases, when every man seeks to engraft upon the organic law what he thinks, or what he thinks he thinks, or what he thinks he shall think, fearing that his favorite hobby will be debarred from consideration, unless it is thus specially inserted. Mr. Goodwin said he was in favor of cheap postage, especially cheap ocean postage, and considered this a very important and desirable reform; but he was not going to ask that this subject should be embraced in the constitution of this association, for he had no fear that its discussion would be prevented, if members of the association desired to discuss it. Dr. Palmer withdrew his motion for amendment, and the third section was adopted.

The fifth section was so amended as to give the president and five members of the executive committee power to call special meetings. The sixth, seventh and eighth sections were adopted without amendment. The ninth section was so amended as to enlarge the proportion of honorary members permitted, and only to limit them to a number equal to the number of regular members. The tenth, eleventh and twelfth sections were adopted without amendment.

On motion of Hon. Amasa Walker, the fourth section was so amended as to provide that the officers of the association shall hold their positions until their successors are chosen.

Mr. Wendell Phillips suggested the importance of guarding the as-

sociation against the control by the honorary members of the choice of officers and the levying of assessments.

Col. T. W. Higginson moved to amend the eighth section by reducing the admission fee to \$3, and the life-membership fee to \$30, and spoke in favor of his motion. Dr. Wellington moved to amend by substituting \$1 as the admission fee. This amendment was carried, as was also another amendment, requiring the election of members by the executive board. Both amendments were subsequently reconsidered, however, and full membership was made conditional upon the payment of \$3 and signing the constitution.

The constitution was then adopted as a whole. Further discussion arose upon the question of making the association a State or national body, and a motion to reconsider the adoption of the constitution, in order to re-open the subject, was negatived—21 to 27.

The secretaries now proceeded to enrol the names of persons who desired to become members of the association. Nearly one hundred signatures were obtained.

The chair appointed a committee of thirteen to nominate officers.

Governor Andrew now stated that it would be impossible for him to preside at the afternoon session. Hon. Amasa Walker was elected vice president to meet the contingency.

At half past 1 o'clock, the meeting adjourned to 3, P.M.

Afternoon Session.—The meeting came together according to adjournment, the vice president in the chair.

The nominating committee made their report, which was laid on the table temporarily.

Mr. William P. Atkinson, of Cambridge, read a paper on education, discussing the question how the subject could be treated by the association.

The report of the nominating committee was then taken up, and the list recommended unanimously adopted. It is as follows:—

President, Prof. Wm B. Rogers.

Vice Presidents—For Department of Education, Rev. Dr. Thomas Hill; Sanitary Reform, Dr. Samuel G. Howe; Social Economy, Rev. Theodore D. Woolsey, of New York; Jurisprudence, Prof. Francis Lieber, of New York.

Directors—Education, Rev. Erastus O. Haven, of Michigan; Sanitary Reform, Mrs. Samuel Parkman, jr., of Boston; Social Economy, Edward Atkinson, of Boston; Jurisprudence, Hon. Emory Washburn, of Cambridge; Library, Mrs. Caroline H. Dall.

Treasurer, Charles H. Dalton.

Corresponding Secretary, Samuel Eliot.

Recording Secretary, Frank P. Sanborn, of Concord.

Special Secretaries—For Department of Education, Hon. Joseph White, of Massachusetts; Sanitary Reform, Dr. James C. White, of Boston; Social Economy, George Walker; Jurisprudence, Prof. Theodore W. Dwight, of New York.

Dr. Henry G. Clark, of Boston, read an interesting paper on epidemic diseases, especially cholera, which led to a discussion on the sanitary condition of Boston and other cities, in which Dr. Wm. Reed, City Physician of Boston, Otis Clapp and Rev. Mr. Barnard, of Boston, Mrs. Dall, T. C. Amory, jr., and others participated.

Of all other plagues, according to Dr. Clark, cholera has taken the

widest geographical and climatic ranges. It has visited at all seasons all quarters of the globe, and has in the most extraordinary manner overleaped all ordinary bounds. It has spread without regard to quarantine laws or cordons, touching emigrant ships in mid-ocean a thousand miles apart, and landing with them at their ports of destination. Its first visitation to this country was in 1831, when it prevailed to a moderate extent. In the month of September, 1832, the disease disappeared, but revisited us with renewed violence in the winter of 1848 and the summer of 1849. It first manifested itself at Staten Island, on the 2d of December, and nine days later at New Orleans. From these two commercial centres it spread over the whole country. The epidemic was not general till about the first day of May, and had terminated by the last of November, having destroyed in the large towns (which only were reported) thirty thousand persons. An epidemic of very moderate intensity occurred in 1853—about one tenth that of 1849.

The epidemic now prevailing in Europe has spread much more rapidly than has been its wont, while the mortality has been fearful. In Lower Egypt, alone, 80,000 have died. So far only a few sporadic cases have occurred in this country, but its arrival, judging from the past, is only a question of time. To the measures necessary to be adopted if we wish to escape from or to diminish the intensity of the expected attack, there are two parties. First, the various boards of health, their constitutional advisers and their executive officers. Second, the masses of the people, especially those of the laboring classes. The co-operation of both these classes is indispensable. By intelligent combined action all epidemic diseases, especially cholera, can be very much controlled, and their ravages stayed. On the important point of how this is to be accomplished, Dr. Clark made the following important suggestions:—

“Shall we, as some distinguished civilians and others have proposed, establish a rigid quarantine? Shall we exclude all vessels and persons and goods from the Mediterranean from our ports? Shall we obstruct the course of trade in its accustomed channels by land and sea? No—a thousand times, no! If this were possible—if all these and more were possible—how could it avail to arrest the march of a pestilence that walketh in darkness, and that springs out of the earth by intangible but noxious exhalations which are wafted to us without any known agencies, on the wings of the wind, over continents and oceans?

“But above all, when we consider the now established and well-proven fact that cholera is neither contagious nor infectious, how doubly absurd do quarantines appear! Let us therefore dismiss all our fears on this point, relieve ourselves and the authorities from the annoyances and evils incident to a rigorous quarantine, and apply ourselves to the only available but powerful and sufficient remedy to be found in the proper use and application of intelligently directed sanitary measures, and to the energetic administration, by the boards of health, under the advice of their medical officers, of all the provisions of sanitary law. These duties comprise, in a great city, all the departments usually comprised under the titles of external and internal health, and imply attention to the following points, viz.:—1, sanitary survey; 2, general cleaning operations; 3, sewerage; 4, abat-

toirs (slaughter houses) and markets; 5, dram shops and drinking houses; 6, lodging houses, cellar habitations, tenement houses, streets and construction of houses, water supply, ventilation, vaccination, public baths, and interment of the dead, and special care in case of the presence of epidemic and contagious diseases.

"The subject of dram shops and drinking houses it may be thought is improperly introduced, but when we all know that, in addition to the pernicious effects of intemperance, the first and most numerous victims to epidemics are the intemperate, it will appear otherwise. Indeed, if, instead of treating and hopelessly attempting to cure and arrest intemperance and dramselling as crimes and civil offences, and amenable only to civil, criminal or moral laws, we should treat the first as a disease and the second as a nuisance, and dangerous to the public health, and to be abated as such, we should, I am sure, have entered upon the right track; for, instead of the prejudices of the people being excited against a sumptuary law, we should, in favor of a sanitary measure, have their entire sympathy and support.

"The duties of the people themselves may be summed up in short to be:—1. To lay aside all unnecessary fears, and to feel that a danger looked full in the face will either be diminished or disappear; 2. To practise personal and household cleanliness; 3. To see that their cellars, drains and other premises are clean and in order; 4. To avoid over-crowding and to attend to ventilation; 5. To avoid intemperance and the habitual use of spirituous drinks; 6. To avoid all decayed vegetables and decayed or unripe fruit."

Dr. Clark remarked that sufficient was known of the laws which govern epidemics to determine beforehand where the cholera will strike and on whose heads it will fall, and the streets, even the houses in our city may be pointed out where it will appear; and he went on to say that if the disease came to this city it would be found in Hanover, Cove and Traverse streets, in Half Moon place, Hamilton place, Orange lane and Quincy court, and scores of similar places, unless the proper authorities and the proprietors of the numerous tenement houses should take warning and thin out the crowded barracks, vacate the reeking cellars, and put their houses and the city in a sanitary condition.

Prof. Rogers, the president elect, having arrived, took the chair, and thanking the association for the honor conferred upon him, which he accepted with unfeigned diffidence, promised to give as much as possible of his coöperation and labors to forward the objects of the association.

Dr. Palmer, of Michigan, stated that the university of that State included the study of sanitary science in its educational course.

Hon. Amasa Walker briefly addressed the association, stating his peculiar ideas upon the subject of national finance.

After considerable discussion upon the propriety of holding another meeting at an early day, it was voted to leave the matter to the executive committee, and at 6 o'clock the association adjourned *sine die*.

No time should be lost by the city authorities in carrying out the sanitary suggestions of Dr. Clark. Notwithstanding the complacency with which we plume ourselves upon the cleanliness of our city, we doubt if Boston was ever in such a dangerous condition, in view

of the approach of this epidemic, as now. Should it come upon us suddenly, we have no right to look for so comparatively light a visitation as the last. For our report of the above meeting we are indebted to the *Daily Advertiser* and *Journal*.

SINGULAR ELECTRICAL PHENOMENA IN THE HUMAN BODY FOLLOWING LIGHTNING STROKE.—M. Boudin recently sent a note to the French Academy of Sciences showing a powerful electric action in the bodies of persons recently struck by lightning, based on two observations which he related.

The first was the case of a man, who, June 30th, 1854, was killed by a stroke of lightning, near the Garden of Plants, at Paris, and whose body remained for some time exposed to a heavy rain. After the storm, two soldiers, wishing to raise the body, received each a violent shock at the moment when they touched it.

In the second case two artillerymen, charged with raising two electric telegraph posts which had been thrown down September 8th, 1858, by a storm at Zara, in Dalmatia, having, two hours after the storm was over, taken hold of the telegraph wire, felt at first slight shocks, and then were suddenly thrown down. Both had their hands burnt; one of them, indeed, did not return to consciousness. The other, in attempting to raise himself, fell back again immediately on touching with his elbow one of his comrades, who had been drawn by his cries to his assistance. This last man, also thrown down in his turn, received various injuries of a nervous character, and his arm showed a burn on the skin where he had been touched.

OVARIOTOMY.—At a recent meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Thomas Keith exhibited four ovarian cysts which he had recently removed by ovariectomy. All the operations were simple and easily performed, and were followed by the rapid recovery of the patients. Dr. Keith had performed ovariectomy 31 times, with the result of 22 recoveries and 9 deaths, or 29 per cent. of deaths.

THE SCHOOL FOR FEEBLE-MINDED YOUTH.—The annual meeting of the corporation of the Massachusetts School for Idiotic and Feeble-Minded Youth was held at the institution recently. Previous to the annual meeting of the corporation, the trustees held their quarterly meeting, ex-Governor Washburn presiding. Dr. S. G. Howe, from the trustees, presented the quarterly report, which shows the school to be in a flourishing condition. The number of inmates last reported was 65; 16 have been discharged, and 21 admitted during the past year, making the present number of inmates 71. The treasurer's report shows that the amount expended was \$15,159.13; amount paid by pupils for board, \$2,519.35; appropriated by State, \$12,000.

A committee was appointed to petition the next Legislature to grant such other aid as they may find it advisable for the interests of the institution. The following named gentlemen were appointed as that committee:—Ex-Governor Washburn, Otis Clapp, Stephen M. Weld, Prof. Charles Beck and Francis W. Bird.

The following named officers were elected for the ensuing year:—

President—Dr. S. G. Howe. *Vice President*—Hon. Emory Washburn. *Secretary*—Edward Jarvis. *Treasurer*—Fred. W. G. May. *Trustees*—Francis W. Bird, Samuel Eliot, Samuel G. Howe, Edward Jarvis, Robert B. Storer, Emory Washburn.

The meeting was then dissolved.

DEATH OF DR. SIMEON SNOW.—Dr. Simeon Snow died on the 20th ult., in the town of Root, Montgomery County, N. Y., where he had resided for the last forty years—a native of Massachusetts. In early life he settled in that county, and soon attained a high rank in his profession, and always commanded a large and available practice. A man of much experience in his profession, of sound judgment, and of close and scrutinizing observation, pure in character and of incorruptible integrity, he shared the respect and esteem of his fellow citizens. For two years he represented his district in the Senate of New York State with great credit and usefulness, and for many years filled the office of Vice President of the Spraker Bank. Few, if any, of the profession have been more successful in practice or in accumulating wealth.

DIED, in Middletown, Ct., suddenly, Sept. 26th, 1865, Prof. Chandler R. Gilman, of the College of Physicians and Surgeons of New York. At a meeting of the Central Medical Association, held at Middletown, Wednesday, Sept. 27th, resolutions of respect to his memory were adopted, and ordered to be published.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 7th, 1865.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	47	44	91
Ave. mortality of corresponding weeks for ten years, 1853—1863	47.1	43.6	90.7
Average corrected to increased population	00	00	99.00
Death of persons above 90			

EPIDEMIC AT MAPLEWOOD YOUNG LADIES' INSTITUTE.—The interesting Report upon this Epidemic, by Drs. Palmer, Ford and Earle, published in late numbers of this JOURNAL, has been re-printed in pamphlet form, and a few copies are on sale at this office. Price 25 cents.

COMMUNICATIONS RECEIVED.—Spotted Fever, from the year 1810 to 1814.—Letter from Philadelphia.

BOOKS RECEIVED.—The Student's Book of Cutaneous Medicine and Diseases of the Skin. By Erasmus Wilson, F.R.S. New York: William Wood & Co.

MARRIED.—In Somerville, Oct. 2, Mark Ranney, M.D., Superintendent of the Insane Asylum, Mount Pleasant, Iowa, to Miss Martha W. Sawyer, of Somerville.

DIED.—In Antrim, N. H., August 24th, Dr. Jeremiah Stickney, aged 80 years.

DEATHS IN BOSTON for the week ending Saturday noon, October 7th, 91. Males, 47—Females 44. Accident, 1—anaemia, 1—apoplexy, 2—inflammation of the bowels, 3—congestion of the brain, 2—disease of the brain, 3—bronchitis, 1—cerebro-spinal meningitis, 2—cholera infantum, 10—cholera morbus, 1—consumption, 10—convulsions, 1—croup, 2—cystitis, 1—diarrhoea, 8—dropsy, 4—dropsy of the brain, 1—dysentery, 6—erysipelas, 1—scarlet fever, 1—typhoid fever, 7—gangrene of the lungs, 1—disease of the heart, 1—disease of the kidneys, 1—laryngitis, 2—disease of the liver, 1—lockjaw, 1—inflammation of the lungs, 3—marasmus, 2—old age, 2—peritonitis, 1—scrofula, 1—teething, 1—unknown, 4—whooping cough, 2.

Under 5 years of age, 43—between 5 and 20 years, 10—between 20 and 40 years, 21—between 40 and 60 years, 7—above 60 years, 10. Born in the United States, 63—Ireland, 15—other places, 9.